

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047462

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 160Primary Registration District No. 559Registrar's No. 188

FILED DEC 28 1962

VS 300
Rev. 4/59

1 0500

2 0605

3

4 0

5 1

6

7 0

8 2

9 4221

10

11

12 1-0

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

1. PLACE OF DEATH

a. COUNTY

JEFFERSON

b. CITY (If outside corporate limits, give TOWNSHIP only)

FESTUS (JOACHIM)

Length of stay in 1b

15 DAYS

c. FULL NAME OF (If NOT in hospital, give location)

JEFF. MEM. HOSPITAL

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

JEFF.

c. CITY

OR

TOWN

DESOTO

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

806 N. FOURTH

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

GUY

Middle

HERBERT

Last

HENSLEY

4. DATE

OF

DEATH

Month

Day

Year

DEC. 19 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1/28/88

9. AGE (last birthday)

74

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CARPENTER

10b. KIND OF BUSINESS OR INDUSTRY

*

11. BIRTHPLACE (City and state or country)

BROWNWOOD Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

ALBERT B. HENSLEY

13b. MOTHER'S MAIDEN NAME

ROSE MORRIS

14. NAME OF HUSBAND OR WIFE

BERTHA HENSLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

*

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

5 BERTHA HENSLEY, DESOTO Mo

Address

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

arterio-sclerotic cardio-vascular disease

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Erythremia

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Breeding Boston ulcer, 10 days.

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

NO

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Apr 21, 1958 to Dec 19, 1962 and last saw him alive on Dec 19, 1962Death occurred at 4:00 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

[Signature]

22b. ADDRESS

Desoto, Mo.

22c. DATE SIGNED

Dec 21, 62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

DEC. 22 1962

23c. NAME OF CEMETERY OR CREMATORY

WOODLAWN

23d. LOCATION (City, town, or county)

DE SOTO Mo

(State)

24. FUNERAL DIRECTOR

DIETRICH F. HOME

ADDRESS

DESOTO Mo.

25. DATE RECD. BY LOCAL REG.

12-24-62

26. REGISTRAR'S SIGNATURE

[Signature]

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

JAN 9 1963

FILED 1963

JAN 10 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donnell B. Dietrich

Licensed Embalmer No. 4104

P. O. Address Hebert Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.